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HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSIONF30
RUEA**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
FARLEY	JERALD	E.	206-713-3388
MAILING ADDRESS (Street)			FAX
16526 Shore Drive Northeast			206-363-7575
(City)	(State)	(Zip Code)	
Lake Forest Park	Washington	98155-5631	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Jerald E. Farley			206-713-3388
MAILING ADDRESS (Street)			FAX
16526 Shore Drive N.E.			206-363-7575
(City)	(State)	(Zip Code)	
Lake Forest Park	Washington	98155-5631	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Consumer Fireworks Safety Association			206-713-3388
MAILING ADDRESS (Street)			FAX
16526 Shore Drive N.E.			206-363-7575
(City)	(State)	(Zip Code)	
Lake Forest Park	Washington	98155-5631	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Jerald E. Farley			206-713-3388
MAILING ADDRESS (Street)			FAX
16526 Shore Drive N.E.			206-363-7575
(City)	(State)	(Zip Code)	
Lake Forest Park	Washington	98155-5631	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
XX Consumer Protection & Commerce	XX Hawaiian Affairs	Labor & Employment	Transportation
XX Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
<i>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
JERALD E. FARLEY (Signature of Lobbyist)	January 3, 2007 (Date)

PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Jerry R. Elrod	
NAME OF ORGANIZATION (if applicable)	TELEPHONE
Consumer Fireworks Safety Association	206-713-3388
MAILING ADDRESS (Street)	FAX
16526 Shore Drive N.E.	206-363-7575
(City)	(State)
Lake Forest Park	Washington
(Zip Code)	
	98155-5631
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>	
Jerry R. Elrod (Signature of Authorizing Officer or Person Represented)	January 3, 2007 (Date)
President	